

**New Jersey Department of Health and Senior Services  
Infectious and Zoonotic Diseases Program**

**PO Box 369  
Trenton, NJ 08625-0369  
Fax Number (609) 631-4863**

**STATE/MUNICIPAL-SPONSORED RABIES VACCINATION CLINIC REPORT**

*Form is to be completed at the end of the rabies vaccination clinic and mailed to the above address or faxed to the above number within 10 days after clinic is held.*

*IMPORTANT: Keep unused vaccine in unopened bottles under refrigeration until returned to the distribution center. Please return within 10 days after end of clinic. Call 609-588-3121 if you have any questions.*

Municipality		County		Clinic Dates	
Veterinarians			Amount of Vaccine Received		Amount of Vaccine Returned
Number Vaccinated Dogs	Number Vaccinated Cats		Breakage or Loss		Total Doses Vaccine Used
Name of Responsible Official (Print)			Title		
Signature of Responsible Official				Date	

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